

Minutes of the December 2012 Faculty Council Meeting
Tuesday, December 4, 2012, 5 PM
Hugh Hill Conference Room

Officers Present:

President – David Quillen
Past President – Marilyn Dumont-Driscoll
Secretary – Jean Cibula

Vice President – Kevin Brown
President Elect – Nancy Hardt
Treasurer – Frank Bova

Officers Absent:

None

Department Representatives Present:

Maria Zajac-Kaye – Anatomy
Sue McGorray – Biostatistics
Robyn Hoelle – Emergency Medicine
James Resnick – MGM
Susan Semple-Rowland – Neuroscience
Robert Matthias – Orthopaedics
Marguerite Hatch – Pathology
Brian Law – Pharmacology
Saleem Islam – Surgery

Kevin Brown – Biochemistry & Molecular
George Samraj – CHFM
Kelli Komro – HOP
Gregory Murad – Neurological Surgery
Emily Weber LeBrun – OBGYN
Kevin Raisch – Otolaryngology
Carolyn Carter – Pediatrics
Judith Lightsey – Radiation Oncology

Absent:

Steve Anton – Aging
Volker Mai – Epidemiology
Diego Rincon Limas – Neurology
Robert Bobilin – PA Program
James Byrd – Psychiatry
Vincent Bird – Urology

Nicole Dobija - Anesthesiology
John Hiemenz – Medicine
Sanford Boye – Ophthalmology
Peter Sayeski – Physiology
Scott Peterson – Radiology

Invited guests:

Michael Good, M.D., Dean, College of Medicine
Joe Fantone, M.D., Senior Associate Dean for Educational Affairs
Marian Limacher, M.D., Senior Associate Dean for Faculty Affairs and Professional Development

1. President David Quillen called the meeting to order at approximately 5:05PM; the November minutes were approved.
2. Announcement, Reports, and Old Business
 - a. Dean's report – Michael Good, M.D.

Report from AAMC Annual Meeting:

Khan's Academy is innovating teaching methods in the online platform. Individual assessments available online for students. The days of a PowerPoint presentation and a didactic lecture are fading.

Need for more GME. Approaching 60 off-shore medical schools, with some of the classes containing 200-300 students, and multiple classes per year. The AAMC and LCME do not think highly of this educational product; they are working to abate this trend.

Nationally Ranking Committee Task Force – will try to persuade the US News and World Report rankings to be linked more closely to medical school missions.

LCME, which accredits institutions, has UF on the 2014-15 cycle. Some of the activities in this process will start next year, but the majority of activities will happen in 2014 and 2015. To be an accredited medical school in the US, there are 128 standards that are to be met.

Budget Recap:

The COM took an \$8.4 million cut in the State budget last year. This was due to several reasons, with the main reason, “the ORP error,” (about \$5M) calculating a savings on our fringe benefits and incorrectly removing the savings from state-supported funds. This forced a cost-shift of clinical and education funds. This initially occurred due to our practice plan salaries being funneled through the State.

Due to this error, we will now be switching back to two job records for clinical faculty, to keep practice plan revenues separate from going to Tallahassee and being taxed. This process has been done in phases with about 70 faculty being switched in Phase 1 and another 200+ being switched in the near future. As a result, the affected faculty will possibly need to set up additional retirement accounts with their respective retirement vendors. Janis Smith in the fringe benefits office is available if you have any questions.

Important Dates:

Match Ceremony will be Friday, March 15, 2013 from 11am – 1:30pm. (It will be video-streamed). Steve Dikoski, VP and Dean of the University of Virginia, School of Medicine and a Florida COM Alumnus will be the keynote speaker. Graduation will be on Saturday, May 11, 2013 from 9 – 11am.

Current Department Chair Searches:

Community Health and Family Medicine – will conduct interviews beginning in January 2013
Pharmacology – has screened all of its candidates and has identified five candidates to interview
Anatomy – One internal candidate has expressed interest. Position not advertised yet.

- b. Educational Affairs report – Joe Fantone, M.D.

PA Program:

Accreditation approved for a continued 5-year period. Received a large donation to create their first endowed professorship. 2012 Board Pass Rate was 100%.

Graduate Programs:

- IDP Program ranked in the Top 10 at UF
- Class size of 37 is close to the target of 35.
- One upcoming challenge is to select a student database management software (currently using an internal Access-based system)
- GSF Funds running into potential funding cap ceilings. Funding sources may need to be identified within a year or two (possibly AQSA funds), or reduce the program.
- On-line Course and Certificate Development
 - Anatomy, Physiology, Biochemistry
 - Psychiatry Medical Electives
 - Possible future development of Post-bac and Master’s programs
- Current search for Director of the MD/PhD Program

Medical Student Education:

- 40% of graduates select primary care as their specialty, with about 10% staying at UF and 27% staying in Florida for residency training.
- UF students continue to outperform the national averages for USMLE testing

Admissions:

- Applications continue to show a year-over-year increase
- Slight up-tick in out-of-state entrants
- Dr. Jay Lynch has revised the admissions process by developing an executive committee and general committees to take a holistic approach to evaluating applications. Various metrics are used to thoroughly evaluate potential candidates (academics – including GPA, SPGA and MCAT, medical experience, service/excellence, humanistic motivation, essays, letters and PAUSN score – Potential to Address Unmet Societal Need)
- Class Demographics – 45% Female and 55% Male; Historically 65% are under 23 years old, but the 2016 class has only 40% under 23. About 60% Caucasian, 6% Asian/Indian, 10% African-American, 13% Hispanic and 11% Asian (including all subgroups)
- Class 2016 Averages – 3.78 Total GPA and MCAT of 31.8

New Medical Curriculum:

- 4th Major Revision since the beginning of the COM
- Revision Process began in July 2010. Various retreats, needs analysis groups, curriculum design groups, and multiple refinements
- Implemented August 2012
- Integration – biomedical, social/behavioral science with clinical skills/practice
 - Clinical skills and anatomy
 - Organ Systems
 - “Threads” (e.g. ethics, population health, safety and quality, health policy)
- Increased early patient exposure
 - Patient Presentations
 - Expanded “Preceptorships”
- Increased small group and active collaborative learning, including team-based learning
- Students are assigned to faculty facilitator whom they meet with weekly for 1-2 hours
- Students take two courses at any one point in time
- Early results show greater class participation amongst students, leading many faculty to be reinvigorated; weekly small groups of eight students and one faculty member are going well; class morale is very positive
- Some potential “bumps in the road” relate to the integration of system and technology
- Key Faculty Contributions from: Brian Harfe, Melanie Hagen, John Aris, B. Winter, T. Rowe, K. Rarey, S. Collins, J. Herndon, D. Wood, MJ Koroly, B. Stevens; Basic science and clinical faculty

LCME Accreditation Timeline:

- Early 2013: Appoint Steering Committee and Initiate Database Development
- Spring 2013: Form Sub-Committees (reports due 3/1/2014)
- July 1, 2014: Complete draft of report
- August 1, 2014: Create summary report
- September 2014: Mock site visit
- October 1, 2014: Submit self-study
- Site visit: January/February 2015

UF-COM LCME Issues:

- Educational & student space: previous citation
- Timeliness of feedback: clerkships
- Comparable experiences different clinical sites
- Inter-professional education
- Student mistreatment (publicly humiliated 18% >once: 57% clinical faculty/residents)
- Diversity: Faculty, students and pipeline programs
- Curriculum governance and integration
- Financial support for education: State General Revenue cuts
- Policies & Documentation

Teaching Funds Allocation:

- “Old” model based on State Univ. System faculty activity reporting
 - 40 hour work week
 - 12 hour rule = 1.0 FTE
 - Classroom/lab/small group: 2 hours prep
 - Graduate student lab: 1/12th rule = 0.083 FTE
- 2012 initial modifications to old model
- 2013 further refinement
- NERDC does not capture effort for COM
- Uncouple funds distribution from SUS-FAR
- Review all activities including;
- Prep time
- Clinical teaching effort
- Lab teaching effort
- Course/clerkship director effort
- Committee credit
- Admin. support

c. Promotion and Tenure Report – Marian Limacher, M.D.

P&T Guidelines - Overview:

- The major difference between the Old and New guidelines is the need to demonstrate distinction in only one area in the new guidelines.
- The educational and clinical portfolios were extremely helpful in demonstrating distinction and excellence.

P&T Guidelines - Scholarship:

- Scholarship is a requirement for promotion.
- The more the better.
- Many different types of scholarship are acceptable but explanation for creative scholarship is very helpful.

P&T Guidelines - Clinical Documentation of Excellence:

- RVU targets and productivity
 - Explain any discrepancy with assignment and with failure to meet
- Quality of care metrics should be tracked by departments and reported. The committee found these very compelling when present.
 - Examples include SCIP compliance, TAT, clinic patient satisfaction scores, PQRI type data, medical records timeliness, on time starts.
 - Opportunity to incorporate ACH and other collected data

P&T Guidelines - Service:

- Service is a requirement but not a promotable assignment
 - Most service assignments should be rolled into area of activity
 - Program Director into education
 - Medical Direction into clinical
 - Research coordination into research
- Service is to the institution, community or national – which highlight reputation.
 - Examples are committee work, academic society work, NIH study sections

P&T Guidelines – Evaluation Letters:

- Former mentors/students/colleagues at current or past institutions are discouraged as evaluative letter writers
 - Student letters required in educational portfolio are different and should be addressed to the Chair not the mentor
- Former UF employees must be gone 10 years to qualify as *external evaluators*.
- Rank of evaluator is qualified.
 - Assistant professors can't write a letter for a nominee being promoted to Associate or Professor levels.

P&T Guidelines - Evaluations:

- Peer evaluations should be done at least yearly
- 360 evaluations should be done regularly and anonymously
- Teaching is best evaluated by the students
- Objective learner outcomes are highly valued by the committee

Other Input:

- Limit length of portfolios – 20 pp
- Be sure to underline “senior author” – not merely the first author
- Awards: define the criteria and assessment process
- Evaluation letters (external) – assessment is less biased if from those who do not personally know the candidate

Dept Chair's Letters:

- Improve the template –
- Specifically ask to address promotion and likelihood of promotion at the evaluator's institution
 - for tenure – must address BOTH tenure and promotion

- Must address –
 - Negative votes
 - Productivity of individual against a benchmark for the FTE assignment and for the specific specialty/subspecialty
 - Explain any issues raised in the external review letters
 - For small specialty – reviewers will know the candidate, so address this fact

Candidates:

- Packet is his/her responsibility
- Start early
- Address area(s) of excellence in the initial overview
- “Mandatory” attendance at a P&T workshop prior to final preparation of packet

3. The meeting was adjourned at 6:20PM

The next Faculty Council meeting will be held Tuesday, January 8, 2013 @ 5PM in the Hugh Hill Conference Room

Minutes recorded by Brian Berryman, Coordinator and edited by Dr. Jean Cibula